

REQUEST FOR PATENT FEE REFUND

10/519502

1 Date of Request: 6-13-05

2 Serial/Patent #

3 Please refund the following fee(s):

4 PAPER
NUMBER5 DATE
FILED

6 AMOUNT

✓ Filing

1

12/27/04

\$ 50

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 50

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 02--4035

10 REASON:

✓ Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

A Johnson

TITLE:

paralegal

SIGNATURE:

A Johnson
PCT

PHONE:

308-9140

OFFICE:

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: